

<input type="checkbox"/> A Power of Attorney is submitted herewith. <input type="checkbox"/> OR <input type="checkbox"/> hereby revoke all previous powers of attorney given in the above-identified application. <input type="checkbox"/> OR <input type="checkbox"/> hereby appoint Practitioner(s) named below as my attorney(s) to prosecute the application identified above, and <input type="checkbox"/> to represent all business in the United States Patent and Trademark Office concerned therewith. <input type="checkbox"/> OR <input type="checkbox"/> The address associated with the above-mentioned Customer Number: <input type="checkbox"/> OR <input type="checkbox"/> Firm or Individual Name <input type="checkbox"/> Address <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Telephone <input type="checkbox"/> Email <input type="checkbox"/> Zip <input type="checkbox"/> State <input type="checkbox"/> OR <input type="checkbox"/> I am the: <input type="checkbox"/> OR <input type="checkbox"/> OR <input type="checkbox"/> Signature of Applicant/Inventor. <input type="checkbox"/> OR <input type="checkbox"/> Signature of Assignee of the entire interest of their representative(s) are required. Submit multiple forms if more than one <input type="checkbox"/> OR <input type="checkbox"/> Total of <input type="checkbox"/> Forms are submitted.	
<p style="text-align: center;">SIGNATURE OF APPLICANT OR ASSIGNEE OF RECORDER</p> <p style="text-align: center;">_____ RAMOND R. FERRELL Name _____ Date 10/12/12 The and Company ASSOCIATE GENERAL COUNSEL SUPERMEDIA LLC Telephone 972.453.3718 NOTE: Signatures of the members of each party to the application or their representatives (s) are required. Submit multiple forms if more than one signature is required, see below. </p>	

POWER OF ATTORNEY		APPLICATION NUMBER	
FILING DATE		10/08/00 444	
ATTORNEY NUMBER		10/08/00 444	
REVOCATION OF POWER OF ATTORNEY		LETTER CITE	
FIRM NAME/INVESTIGATOR		03-15-2004	
TITLE		LAW OFFICES OF C. CHU	
ATT. UNIT		INFORMATION DISTRIBUTION SYSTEM	
EXMURER NAME		ROSEN, NICHOLAS D.	
ATTORNEY DOCKET NUMBER		66703-0014	
CHANGE OF CORRESPONDENCE ADDRESS			
AND			
WITH A NEW POWER OF ATTORNEY			

